



Instructions:
**Certificate for a Kansas
Limited Partnership**

Contact:
Kansas Office of the Secretary of State

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594

(785) 296-4564
kssos@sos.ks.gov
www.sos.ks.gov

Save time and money by filing your certificate to qualify online at www.sos.ks.gov

All information on the application must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.

- ☐ 1. **FILING FEE:** The filing fee for this document is **\$165**.
- ☐ 2. **PAYMENT:** Please enclose a check or money order payable to the Secretary of State. Applications received without the appropriate fee will not be accepted for filing. Please do not send cash. **Also, to expedite processing, please do not use staples on your documents or to attach checks.**
- ☐ 3. **PARTNERSHIP NAME:** A word of formation must be included in the name per K.S.A. 56-1a151, 56-1a102. Permitted words of formation are "Limited Partnership", or the abbreviation "LP" or "L.P.". Kansas Statutes can be reviewed at www.kslegislature.org.
- ☐ 4. **RESIDENT AGENT:** The resident agent is a person or entity that is authorized to accept service of process (lawsuits) on behalf of the business entity. This does not necessarily mean that the agent himself/herself is being sued, but that he/she has the authority and responsibility to accept service of process on behalf of the business.
- ☐ 5. **REGISTERED OFFICE:** The registered office is the address where the resident agent is located.
- ☐ 6. **MAILING ADDRESS:** The mailing address is where you would like to receive official mail from the Secretary of State's office.
- ☐ 7. **SIGNATURES:** The application requires the signatures of all general partners.

STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO WWW.SOS.KS.GOV. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.

NOTICE: *There is a \$25 service fee for all checks returned by your financial institution. All information must be completed or this document will not be accepted for filing.*

CK**51-05**

KANSAS SECRETARY OF STATE

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www.sos.ks.gov*Above space is for office use only.***INSTRUCTIONS:** *All information must be completed or this document will not be accepted for filing.
Please read instructions sheet before completing.***1. Name of the limited
partnership:****2. Name of the resident
agent and address of the
registered office in
Kansas:***Address must be a street address
A P.O. box is unacceptable**Name**Street Address**Kansas**City**State**Zip***3. Mailing address:***This address will be used to send
official mail from the Secretary
of State's office**Attention Name**Address**City**State**Zip**Country***4. Tax closing month:****5. Name and mailing
address of each of the
general partners:***Do not leave blank**If additional space is needed
please provide an attachment*

1)

*Name**Mailing address**City**State**Zip**Country*

2)

*Name**Mailing address**City**State**Zip**Country*

3)

*Name**Mailing address**City**State**Zip**Country*

4)

*Name**Mailing address**City**State**Zip**Country*

6. Duration of the partnership:	Date the partnership will cease _____ <div>MonthDayYear</div>
7. Effective date:	<div><input type="checkbox"/> Upon filing</div> <div><input type="checkbox"/> Future effective date _____ <div>MonthDayYear</div></div>

8. We declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, and we have remitted the required fee.

_____ <i>Signature of general partner</i>	_____ <i>Date (month, day, year)</i>
_____ <i>Signature of general partner</i>	_____ <i>Date (month, day, year)</i>
_____ <i>Signature of general partner</i>	_____ <i>Date (month, day, year)</i>
_____ <i>Signature of general partner</i>	_____ <i>Date (month, day, year)</i>